|  | PATENT A                                       | APPLICATIO<br>Effect                      | N FEE D<br>ive Octob       |              |                      | ON RECO                              | RD      |                     |                        | 1.4            | 10,8                                  | 75                     |  |
|--|--|---|----------------------------|--------------|----------------------|--------------------------------------|---------|---------------------|------------------------|----------------|---------------------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |                            |              |                      |                                      |         | SMALL ENTITY TYPE   |                        |                | OTHER THAN OR SMALL ENTITY            |                        |  |
| TOTAL CLAIMS   |  |   | , 1 d                      |              |                      |                                      |         | RATE                | FEE                    |                | RATE                                  | FEE                    |  |
| FOR  |  |   | NUMBER FILED               |              | NUMBER EXTRA         |                                      |         | BASIC FEE           | 355.00                 | OR             | BASIC FEE                             | 710.00                 |  |
| TO   | TAL CHARGEA                                    | BLE CLAIMS                                | 49 mir                     | nus 20=      | . 22                 |                                      |         | X\$ 9=              | 343                    | OR             | X\$18=                                |                        |  |
| IND  | EPENDENT CL                                    | AIMS                                      | 3 m                        | nus 3 =      | <del>ù</del>         |                                      |         | X40=                | 7,5                    |                | X80=                                  |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                            |              |                      |                                      |         |                     | OR                     |                |                                       |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                            |              |                      |                                      |         | +135=               |                        | OR             | +270=                                 |                        |  |
| TOTAL  |  |   |                            |              |                      |                                      |         | STX                 | OR                     | TOTAL          |                                       |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |  |   |                            |              |                      |                                      | SMALL   | ENTITY              | OR                     | OTHER<br>SMALL |                                       |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | दक्षकात्राचा स्टब्स्या स्ट | PREVI        | BER                  | PRESENT<br>EXTRA                     |         | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                                  | ADDI-<br>TIONAL<br>FEE |  |
| NDM  | Total  | . 26                                      | Minus                      | 5            | 17                   | = 8                                  |         | X\$ 9=              | 0                      | OR             | X\$18=                                |                        |  |
| AME  | Independent                                    | . 5                                       | Minus                      |              | 3                    | 1 - 2m                               |         | X40=                | 86                     | OR             | X80=                                  |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                            |              |                      |                                      |         | A35=                | (                      | OR             | +270=                                 |                        |  |
|  |  |   |                            |              |                      | $P^{\prime\prime}$                   | 1 1     | TOTAL               | 860                    | ΛP             | TOTAL                                 |                        |  |
|  |  | (Column 1)                                |                            | (Colu        | mn 2)                | (Column 3)                           |         | ADDIT. FEE          | 7                      |                | ADDIT. FEE                            | ł                      |  |
| 8  |  | CLAIMS<br>REMAINING                       |                            | HIG          | HEST                 |                                      | 1 1     |                     | ADDI-                  |                |                                       | ADDI-                  |  |
| AMENDMENT  |  | AFTER<br>AMENDMENT                        |                            | PREVI        | OUSLY                | PRESENT<br>EXTRA                     |         | RATE                | TIONAL<br>FEE          |                | RATE                                  | TIONAL<br>FEE          |  |
| ₽<br>Q   | Total  | •   | Minus                      | **           |                      | =                                    |         | X\$ 9=              |                        | OR             | X\$18=                                |                        |  |
| ME   | Independent                                    | •   | Minus                      | •••          |                      | =                                    |         | X40=                |                        | OR             | X80=                                  |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                            |              |                      |                                      | ]       | 105                 |                        |                | .070                                  |                        |  |
|  |  |   |                            |              |                      |                                      |         | +135≃<br>TOTAL      |                        | OR             | +270=                                 |                        |  |
|  |  |   |                            |              |                      |                                      |         | ADDIT. FEE          | <u> </u>               | OR             | ADDIT. FEE                            |                        |  |
| _  |  | (Column 1)<br>CLAIMS                      | 1                          |              | mn 2)                | (Column 3                            | 4.      |                     |                        |                | · · · · · · · · · · · · · · · · · · · |                        |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |                            | NUN<br>PREVI | MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                     |         | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                                  | ADDI-<br>TIONAL<br>FEE |  |
| N N  | Total  | •   | Minus                      | ••           |                      | =                                    |         | X\$ 9=              |                        | OR             | X\$18=                                |                        |  |
| ME   | Independent                                    | •   | Minus                      | ***          |                      | =                                    | 11      | X40=                |                        | OR             | X80=                                  |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                            |              |                      |                                      |         |                     |                        |                |                                       |                        |  |
|  | If the entry in colu                           | ımn 1 is less than l                      | he entry in col            | umn 2 writ   | te "O" in co         | olumn 3                              |         | +135=               |                        | OR             | +270=                                 |                        |  |
| ••   | If the "Highest Nu                             | mber Previously P                         | aid For" IN TH             | IIS SPACE    | is less that         | an 20, enter "2(<br>an 3, enter "3." |         | TOTAL<br>ADDIT, FEE |                        | _              | TOTAL<br>ADDIT: FEE                   |                        |  |
|  | The "Highest Nur                               | nber Previously Pa                        | id For" (Total             | or Independ  | dent) is th          | e highest numb                       | per for | and in the app      | propriate bo           | x in co        | lumn 1.                               |                        |  |

Application or Docket Number

| •   |  |   |                           |   |                  |                   |              | Application or Docket Number |                          |    |                     |                          |  |  |
|---|--|---|---------------------------|---|------------------|-------------------|--------------|------------------------------|--------------------------|----|---------------------|--------------------------|--|--|
|   | PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000 |   |                           |   |                  |                   |              |                              |                          |    |                     |                          |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                           |   |                  |                   |              | SMALL ENTITY TYPE            |                          |    | OTHER THA!          |                          |  |  |
| TOTAL CLAIMS  |  |   |                           |   |                  |                   | RA           | ΓE                           | FEE                      |    | RATE                | FEE                      |  |  |
| FOR   |  |   | NUMBER FILED NUMBER EXTRA |   |                  |                   | BASIC        | FEE                          | 355.00                   | OR | BASIC FEE           | 710.00                   |  |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 47 minus 20= 27           |   |                  | 7                 | x\$ 9= 243   |                              |                          | OR | X\$18=              |                          |  |  |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 =               |   |                  |                   | X41          | 0=                           |                          | OR | X80=                |                          |  |  |
| MUI   | LTIPLE DEPEN   | DENT CLAIM PI                             | RESENT                    |   |                  |                   | +13          | 5=                           |                          | OR | +270=               |                          |  |  |
| • If 1  | the difference   | in column 1 is                            | less than zero,           | enter "O                                | )" in <b>c</b> c | olumn 2           | TOT          | AL                           | 55x                      | OR | TOTAL               | G)                       |  |  |
|   | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)           |   |                           |   |                  |                   | SMA          | ALL                          | ENTITY                   | OR | OTHER<br>SMALL      |                          |  |  |
| AMENDMENT A   | A CONTRACTOR   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | energian per en           | HIGHES<br>NUMBER<br>PREVIOUS<br>PAID FO | R<br>SLY         | PRESENT<br>EXTRA  | RA           | ΓE                           | ADDI-<br>TIONAL<br>FEE   |    | RATE                | ADDI-<br>TIONAL<br>FEE / |  |  |
| NON   | Total  | . 97                                      | Minus ••                  | 4                                       | 7                | = /               | X\$          | 9=                           |                          | OR | X\$18=              | - /                      |  |  |
| AME   | Independent  | • 3                                       |                           | . 3                                     | 2                | = /               | X40          | )=                           |                          | OR | X80=                |                          |  |  |
|   | FIRST PRESE  | NIATION OF M                              | ULTIPLE DEPEN             | DENT                                    | LAIM             | <del>-{- - </del> | +13          | 5=                           |                          | OR | +270=               |                          |  |  |
|   |  |   |                           |   |                  |                   | TO<br>ADDIT. | OTAL<br>EEE                  |                          | OR | TOTAL<br>ADDIT, FEE |                          |  |  |
| 3   | -25-03   |   |                           | (Column                                 | _                | (Column 3)        | AUDIT.       |                              |                          |    |                     |                          |  |  |
| ENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                           | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO   | R                | PRESENT<br>EXTRA  | RA           | ΓE                           | ADDI-<br>TIONAL<br>FEE / | ļ  | RATE                | ADDI-<br>TIONAL<br>FEE   |  |  |
| <b>AMENDMENT</b>  | Total  | . 47                                      | Minus                     | -4                                      | 2                | =                 | X\$          | 9=                           |                          | OR | X\$18=              |                          |  |  |
| AME   | Independent  | · 3                                       | Minus • ULTIPLE DEPEN     | IDENT C                                 | 3 414            | =/                | X40          | )=                           |                          | OR | X80=                |                          |  |  |
|   | FIRST PRESE  | NIAHON OF M                               | OCTIFEE DEFEN             | DENTO                                   | CAIIW            |                   | +13          | 5=                           |                          | OR | +270=               |                          |  |  |
| ě   | 04   | , , , , , , , , , , , , , , , , , , ,     |                           |   |                  |                   | TO<br>ADDIT. | OTAL<br>FEE                  |                          | OR | TOTAL<br>ADDIT. FEE |                          |  |  |
| _   | 9/203  |   |                           | (Column                                 |                  | (Column 3)        |              |                              |                          |    |                     |                          |  |  |
| AMENDMENT C   | v<br>·   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                           | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO   | R<br>SLY         | PRESENT<br>EXTRA  | RAT          | ΓE                           | ADDI-<br>TIONAL<br>FEE/) |    | RATE                | ADDI-<br>TIONAL<br>FEE   |  |  |
| NON   | Total  | . 23                                      | Minus •                   | . 4                                     | 2                | = /               | X\$          | 9=                           |                          | OR | X\$18=              | 7                        |  |  |
| AME   | Independent  | · 2                                       |                           | in 3                                    | /<br>St 4127     | = /               | X40          | )=                           |                          | OR | X80=                |                          |  |  |
| Ľ   | FIRST PRESE  | NIAHON OF M                               | ULTIPLE DEPEN             | NDENIC                                  | LAIM             | ,                 | +13          | 5=                           |                          | OR | +270=               | 1                        |  |  |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                           |   |                  |                   |              |                              |                          |    |                     |                          |  |  |